

City of Willard
BUSINESS LICENSE DIVISION
80 W 50 S, Utah 84340
Phone (435) 734-9881
Fax (435) 723-6164

FOR OFFICE USE ONLY

Application Fee (\$25.00)

Pd 25.00

One Day (\$25.00)

One Week (\$50.00)

Two Weeks (\$75.00)

Three Months (\$150.00)

☐ Check

☐ Cash

Total

APPLICATION FOR TRANSIENT/SOLICITOR/PEDDLER MERCHANT LICENSE

PLEASE COMPLETE ALL ITEMS - INCOMPLETE APPLICATIONS WILL BE RETURNED WITHOUT BEING PROCESSED.

SECTION I: Business Information - Please type or print clearly

Type of license applied for: ☐ Transient ☐ Peddler ☒ Solicitor

☐ One Day ☐ One Week ☐ Two Weeks ☒ Three Months

Date(s) license requested for: 10-15-2015 through 1-15-2016

Date of Application 10-15-2015

Name of Applicant Morgan Young

Address 8800 W 7950 So, Willard UT 84340 Phone No. 801-540-8106
Street City State Zip

Business Name Vivint Solar

Type of Business (Be Specific) Residential Solar Sales

Business Address 581E 1100 S St, #1 American Fork UT 84603 Bus. Phone No. 801-216-3927
Street City State Zip

Description of business activity Residential Solar Sales

Owner's Name Publicly traded

Phone No. ()

Location(s) of business (City area to be used): Willard city

List of other municipalities in which engaged in business in past 6 months:
Newport Valley, Farmington, Syracuse

Current photograph of person(s) to do business in area must be provided in order to obtain license. A clear 2" x 2" head and shoulder shot is required. Is photograph attached? ☒ Yes ☐ No

Have you or any of your employees been convicted of any crime, misdemeanor or violation of any municipal ordinance?
☐ Yes ☒ No If YES, state nature of offense and punishment or penalties:

Are you selling fresh vegetables, fruits, meats or other foodstuffs? ☐ Yes ☒ No

If YES, attach copy of statement of Licensed Utah physician verifying person(s) selling at location(s) is/are free of any and all infectious, contagious or communicable diseases.

UTAH STATE AUTHORIZATION FOR DOING BUSINESS IN STATE IS REQUIRED PRIOR TO FINAL APPROVAL OF APPLICATION.

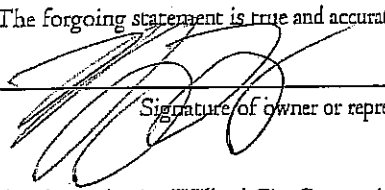
Utah State Sales Tax ID Number: [REDACTED] Date of Expiration: _____

Temporary Willard/State Tax ID Number: _____ (Call State Tax Commission 1-800-662-4335 for Temporary Tax ID #.)

Provide the following information for EACH person to be covered by license. Attach additional sheet if necessary:

[REDACTED] Social Security Number [REDACTED]

The forgoing statement is true and accurate to the best of my knowledge.


Signature of owner or representative

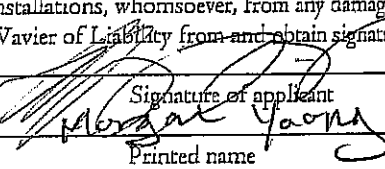
10-15-2015

Date

WAIVER OF LIABILITY

I hereby authorize Willard City Corporation to investigate my past and present work, character, education, medical, military, and police records and to solicit from applicable agencies any information which concerns by past and present status.

The release of any and all information is authorized whether it is of record or not and I do hereby release all persons, firms, agencies, companies, groups or installations, whomsoever, from any damages because of/or resulting from furnishing such information to the Willard City Corporation. Note: Duplicate Wavier of Liability from and obtain signature for each person to be covered by license.


Signature of applicant

10-15-2015
Date

Margaret Young
Printed name

FOR OFFICE USE ONLY: Approval of Business License Administrator

Approval of Business License Administrator

Date